## PATENT APPLICATION

OLIFF & BERRIDGE, PLC Telephone: (703) 836-6400 Facsimile: (703) 836-2787 **CUSTOMER NUMBER 25944** 

Attorney Docket No.: \_040219.03

## AMENDMENT TRANSMITTAL

In rethe Application of

Donald R. OWEN et al.

Group Art Unit: 1797

Examiner: W. BEISNER

Application No.: 10/617,130

Filed: For:

APPARATUS AND METHOD FOR MAINTAINING AND/OR RESTORING VIABILITY OF ORGANS

Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

July 11, 2003

Sir:

Transmitted herewith is an Amendment in the above-identified application.

Entitlement to small entity status is hereby asserted.

Small entity status of this application has been established.

Any additional claim fees have been calculated as shown below:

|   | (Column 1)                   | (Column 2)                | (Column 3) |  |
|---|------------------------------|---------------------------|------------|--|
|   | CLAIMS<br>REMAINING<br>AFTER | HIGHEST NO.<br>PREVIOUSLY | PRESENT    |  |
|   | AMENDMENT                    | PAID FOR                  | EXTRA      |  |
| TOTAL CLAIMS                                | *55 MINUS                    | **47                      | =8         |  |
| INDEP CLAIMS                                | *4 MINUS                     | ***6                      | =0         |  |
| ☐ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |                              |                           |            |  |

| SMALL<br>ENTITY |       |              |          |  |
|-----------------|-------|--------------|----------|--|
|                 | RATE  | ADD'L<br>FEE | Ω        |  |
|                 | x 26  | \$ 208       |          |  |
|                 | x 110 | \$ 0         |          |  |
|                 | + 195 | \$ 0         | <u> </u> |  |
| _               |       | \$ 208       |          |  |

| OTHER THAN A |       |              |  |  |  |
|--------------|-------|--------------|--|--|--|
| SMALL ENTITY |       |              |  |  |  |
| DR.          | RATE  | ADD'L<br>FEE |  |  |  |
|              | x 52  | \$           |  |  |  |
|              | x 220 | \$           |  |  |  |
| OR           | + 390 | \$           |  |  |  |
|              |       | \$           |  |  |  |

- If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" in this space (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

Check No. 222770 in the amount of \$208 is attached. The Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461.

Respectfully submitted,

William P. Berridge Registration No. 30,024

Randi B. Isaacs

Registration No. 56,046

WPB:RBI/mab

Date: October 9, 2009

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